York

Company Tracking Number: 0010683XX 02/2009

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Important Notice

Project Name/Number:

Filing at a Glance

Company: Security Mutual Life Insurance Company of New York

Product Name: Important Notice SERFF Tr Num: SMNY-126007777 State: ArkansasLH TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 41423

Sub-TOI: L08.000 Life - Other Co Tr Num: 0010683XX 02/2009 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Alana Mautone, Michelle Disposition Date: 02/04/2009

Moretin, Catherine Stoehr, Jacqueline Ayres, Kyle Todack,

Aimee Sharland

Date Submitted: 02/02/2009 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 02/04/2009

State Status Changed: 02/04/2009 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for informational purposes is form 0010683XX 02/2009, Important Notice. Form 0010683XX 02/2009 will replace form IO-10683 Rev. 1/05, approved by your Department on 2/3/05. Form 0010683XX 02/2009 contains our Fair Credit Reporting Act and MIB, Inc. disclosure notices, and may be used with any of our individual life insurance policies.

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Form 0010683XX 02/2009 is being revised to reflect the new address of MIB, Inc. and to add the MIB, Inc. website per the memo dated October 1, 2008 from MIB, Inc. to member companies. The attached exhibit shows changes to form 0010683XX 02/2009 from approved form IO-10683 Rev. 1/05.

We have not included a readability certification, as form 0010683XX 02/2009 was drafted to conform to state and federal law.

The forms are submitted in final print and are subject to only minor modification in paper size and stock, ink, border, Company logo and adaption to computer printing.

If any additional information is required to complete your review, please advise.

Company and Contact

Filing Contact Information

Alana Mautone, Manager-Product Compliance amautone@smlny.com 100 Court St. (607) 723-3551 [Phone] Binghamton, NY 13902 (607) 338-7562[FAX]

Filing Company Information

Security Mutual Life Insurance Company of CoCode: 68772 State of Domicile: New York

New York

100 Court Street Group Code: Company Type: Life Insurance

P. O. Box 1625

Binghamton, NY 13902-1625 Group Name: State ID Number:

(607) 723-3551 ext. 7297[Phone] FEIN Number: 15-0442730

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No

Fee Explanation: one form @ \$20 = \$20

SERFF Tracking Number: SMNY-126007777 State: Arkansas

Filing Company: Security Mutual Life Insurance Company of New State Tracking Number: 41423

York

Company Tracking Number: 0010683XX 02/2009

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Important Notice

Project Name/Number: /

Per Company: No

SERFF Tracking Number: SMNY-126007777 State: Arkansas

Filing Company: Security Mutual Life Insurance Company of New State Tracking Number: 41423

York

Company Tracking Number: 0010683XX 02/2009

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Important Notice

Project Name/Number:

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Security Mutual Life Insurance Company of \$20.00 02/02/2009 25419726

New York

York

Company Tracking Number: 0010683XX 02/2009

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Important Notice

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/04/2009	02/04/2009

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Company Tracking Number: 0010683XX 02/2009

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Important Notice

Project Name/Number: /

Disposition

Disposition Date: 02/04/2009

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

York

Company Tracking Number: 0010683XX 02/2009

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Exhibit		Yes
Form	Important Notice		Yes

York

Company Tracking Number: 0010683XX 02/2009

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Important Notice

Project Name/Number: /

Form Schedule

Lead Form Number: 0010683XX 02/2009

Review Form Form Type Form Name **Action Action Specific** Readability Attachment **Status Data** Number 0010683XXOther Initial 0010683XX_0 Important Notice 02/2009 22009.pdf



IMPORTANT NOTICE

NOTICE REGARDING POSSIBLE INVESTIGATIVE CONSUMER REPORT

This notice is to inform you that as part of our normal underwriting procedures in connection with an application for insurance, we may request a consumer report or an investigative consumer report. We may also request a subsequent consumer report to update our files.

Typically, the investigative consumer report will contain information as to character, general reputation, personal characteristics and mode of living, which information is obtained through an interview with you or an adult member of your family, employers or business associates, financial sources, friends, neighbors or others with whom you are acquainted. The information will consist, when applicable, of a confirmation of your identity, age, residence, marital status, and past and present employment, including occupational duties, financial information, driving record, sports and recreational activities, health history, use of alcohol or drugs (if any), living conditions, and type of community. You may request to be interviewed in connection with the preparation of an investigative consumer report.

You may make a written request, within a reasonable time after you receive this notice, for additional information as to the nature and scope of the investigation, our information practices and your rights of access and correction. You may also request a written summary of your rights under the Fair Credit Reporting Act. We will inform you, upon written request, whether an investigative consumer report was made, and if so, we will provide you with the name and address of the consumer reporting agency making the report. You may inspect and receive a copy of the report by contacting the consumer reporting agency.

Requests for additional information should be addressed to Security Mutual Life Insurance Company of New York, PO Box 1625, Binghamton, New York 13902-1625. Please provide your name, address, and application or policy number to identify your request.

MIB, INC. DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. Security Mutual Life Insurance Company of New York or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at [866-692-6901] (TTY [866-346-3642]). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.]

Security Mutual Life Insurance Company of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com.]

Agent: Please give this Notice to the Proposed Insured.

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Rate Information

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Product Name: Important Notice

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Exhibit 01/27/2009

Comments: Attachment:

EXHIBIT 10683.pdf

EXHIBIT

CHANGES TO FORM 0010683XX 02/2009 FROM APPROVED FORM IO-10683 Ed. 1/05

The heading of the bottom portion of the form has been changed from "MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE" to "MIB INC. DISCLOSURE NOTICE".

The first instance of MIB in the first paragraph has been changed to "MIB, Inc., formerly known as Medical Information Bureau..." "Members" has been changed to "members".

In the last sentence of the second paragraph, MIB's address has been changed as follows: "The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734."

We have added a new last sentence to the third paragraph: "Information for consumers about MIB may be obtained on its website at www.mib.com."

The address, telephone numbers and website for MIB, Inc. have been bracketed as variable.